



3-4-05

Express Mail No.: EV 456 920 371 US

APR 2005

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application of: Parkin & Ziermann

Confirmation No.: 7661

Serial No.: 09/766,344

Art Unit: 1648

Filed: January 19, 2001

Examiner: Shanon Foley

For: MEANS AND METHODS FOR  
MONITORING PROTEASE INHIBITOR  
ANTIRETROVIRAL THERAPY AND  
GUIDING THERAPEUTIC DECISIONS  
IN THE TREATMENT OF HIV/AIDS

Attorney 011068-033-999  
Docket No.: (Formerly 59597-D)

**AMENDMENT AND RESPONSE UNDER 37 C.F.R. § 1.116**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicants have carefully considered the final Office Action mailed December 2, 2004, in connection with the above-captioned patent application. Applicants kindly request reconsideration of the claims in light of the amendments and remarks that follow.

This paper includes:

**Amendment to the claims** beginning on page 2; and

**Remarks** beginning on page 14.

Also enclosed herewith are

1) a **Notice of Appeal**; and

2) an **Amendment Fee Transmittal Sheet**.

03/08/2005 AWONDAF1 00000102 503013 09766344

01 FC:2201 300.00 DA  
02 FC:2202 1350.00 DA



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Serial No.: 09/766,344 Art Unit: 1648  
Filed: January 19, 2001 Examiner: Shanon Foley  
For: MEANS AND METHODS FOR Attorney Docket No: 011068-033-999  
MONITORING PROTEASE  
INHIBITOR ANTIRETROVIRAL  
THERAPY AND GUIDING  
THERAPEUTIC DECISIONS IN  
THE TREATMENT OF  
HIV/AIDS  
(formerly 59597-D)

**FEE TRANSMITTAL SHEET**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be \$1650.00.

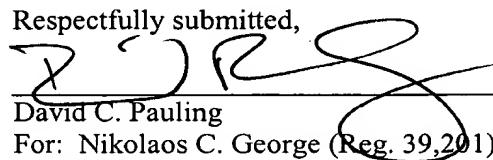
The claim amendment fee has been estimated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		<input checked="" type="checkbox"/> SMALL ENTITY		<input type="checkbox"/> OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NO. PREVIOUSLY PAID	PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE	
TOTAL	83	MINUS	29	54	x 25	\$ 1350.00	x 50	\$	
INDEP.	10	MINUS	7	3	x 100	\$ 300.00	x 200	\$	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					\$ 0.00			\$	
				TOTAL	\$ 1650.00	OR	TOTAL	\$	

Please charge the required fee to Jones Day Deposit Account No. 50-3013. A copy of this sheet is enclosed.

Date: March 2, 2005

Respectfully submitted,

  
David C. Pauling  
For: Nikolaos C. George (Reg. 39,201)  
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New York, New York 10017  
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56,056

(Reg. No.)

Enclosure